



Registration Information Change Form

Please make appropriate corrections or changes to registered information on this form. Means of payment are: cash, check, or money order made payable to the "State of Utah." If you are faxing you must include, on a cover sheet, the number of a Visa or MasterCard with the date of expiration.

Note: If you are using this form with a reinstatement or renewal please do not include the \$12.00 processing fee with the reinstatement or renewal fee.

WHEN REPLACING THE REGISTERED AGENT THE NEW AGENT MUST SIGN.

DO NOT USE THIS FORM if you are resigning as an Officer, Director or Registered Agent. You must submit a Letter of Resignation. There is no fee associated with a Letter of Resignation. You must file an amendment to the Articles of Organization to add a manager or member to an LLC filing.

ENTITY FILE # _____ REGISTRATION DATE _____

1.	REGISTERED NAME	_____		
2.	REGISTERED AGENT	_____		
3.	REGISTERED ADDRESS	_____		
4.	CITY, STATE & ZIP	_____		
5.	PURPOSE OF BUSINESS	_____		
6.	ADDRESS OF:	_____		
	<input type="checkbox"/> PRINCIPAL OFFICE	_____		
	<input type="checkbox"/> DESIGNATED OFFICE (LLC – DOMESTIC)	_____		
		Street Address	_____	
		City	State	Zip

POSITION TO CHANGE	NAME	ADDRESS
7. <input type="checkbox"/> Add _____	_____	ADDRESS _____
<input type="checkbox"/> Remove	Signature (if required)	CITY _____ STATE _____ ZIP _____
8. <input type="checkbox"/> Add _____	_____	ADDRESS _____
<input type="checkbox"/> Remove	Signature (if required)	CITY _____ STATE _____ ZIP _____
9. <input type="checkbox"/> Add _____	_____	ADDRESS _____
<input type="checkbox"/> Remove	Signature (if required)	CITY _____ STATE _____ ZIP _____
10. <input type="checkbox"/> Add _____	_____	ADDRESS _____
<input type="checkbox"/> Remove	Signature (if required)	CITY _____ STATE _____ ZIP _____
11. <input type="checkbox"/> Add _____	_____	ADDRESS _____
<input type="checkbox"/> Remove	Signature (if required)	CITY _____ STATE _____ ZIP _____
12. <input type="checkbox"/> Add _____	_____	ADDRESS _____
<input type="checkbox"/> Remove	Signature (if required)	CITY _____ STATE _____ ZIP _____

Under penalties of perjury and as an authorized authority, I declare that this statement of change(s), has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

BY _____ Title _____ Date _____
Signature of Authorizing Party

Mail In: PO Box 146705
Salt Lake City, UT 84114-6705
Walk In: 160 East 300 South, Main Floor
Information Center: (801) 530-4849
Toll Free: (877) 526-3994 (within Utah)
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>